

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

I hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450, on the below date of deposit.

Date of Deposit:	07/06/2006	Name of Person Making the Deposit:	Kerry Erin Kelly	Signature of the Person Making the Deposit:	
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In re Application of:

Qin

Serial No.:

09/982,457

Examiner:

Reilly, S.

Filed:

10/17/2001

Art Unit:

2153

Confirmation No.

7400For: **A SOFTWARE DISTRIBUTION SYSTEM AND METHOD****Mail Stop Amendment****Commissioner for Patents****P.O.Box 1450****Alexandria, VA 22313-1450****AMENDMENT TRANSMITTAL**

1. Transmitted herewith is a Preliminary amendment for this application

☒ Transmitted herewith is a response to an office action for the above identified patent application.(18 Sheets)

Transmitted herewith are _____ sheets of formal drawings

Transmitted herewith is _____

Other _____

2. Applicant is other than a small entity

Extension of Term

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)Extension☒ one month☐ two months☐ three months☐ four monthsFee

\$ 120.00

\$ 450.00

\$ 950.00

\$1,480.00

Fee \$120.00

If an additional extension of time is required, please consider this a petition therefor.

(b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)					
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total
Total Claims	34	- 34 =	0	x \$50.00	\$0.00
Independent Claims	4	- 6 =	0	x \$200.00	\$0.00
Multiple Dependent Claim Fee (one or more, first added by this amendment)				\$260.00	
Total Fees					\$00.00

PAYMENT OF FEES

5. The full fee due in connection with this communication is provided as follows:
- ☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.
A duplicate copy of this authorization is enclosed.
- ☒ A check in the amount of \$ 120.00
- ☐ Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

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Two North Market Street, Third Floor
San Jose, California 95113
(408) 938-9060

Customer Number: 000045593

Respectfully submitted,

Date: July 6, 2006

By: 

Kevin A. Brown
Reg. No. 56,303